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JUN 24 2002
PATENT & TRADEMARK OFFICE

Please type a plus sign (+) inside this box ➞ ☐

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		
	Application Number	09/833,109
	Filing Date	4/11/2001
	First Named Inventor	David Wuchinich
	Group Art Unit	3763
	Examiner Name	Kevin C. Simmons
	Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number [ ] ➞

Place Customer Number Bar Code Label here

OR

☑ Firm or Individual Name	David Wuchinich
Address	431 Hawthorne Avenue
Address	
City	Yonkers
Country	U.S.A.	State	NY	ZIP	10705
Telephone	914 965 8825	Fax	707 222 0142

I am the:

☑ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record	
Name	David Wuchinich
Signature	David Wuchinich
Date	6/24/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.